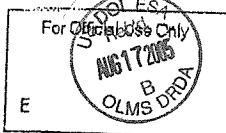


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8610	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John T. Jorgensen P.O. Box, Bldg., Room No., if any P. O. Box 510308 Street 2850 S. 166th Street City New Berlin State Wisconsin ZIP Code + 4 53151	4. Name, file number, and address of labor organization. Name Painters' District Council No. 7 Labor Organization File Number 5942760 P.O. Box, Building and Room Number, if any P. O. Box 510308 Street 2850 S. 166th Street City New Berlin State Wisconsin ZIP Code + 4 53151
5. Position in labor organization. Business Manager/Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/12/05

Date

(262) 797-7800

Telephone Number

Name of Person Filing John T. Jorgensen	File Number U-
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5. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Robert W. Baird & Company Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 777 East Wisconsin Ave. City Milwaukee State WI ZIP Code + 4 53202	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Building Trades United Pension Trust Fund-Milwaukee & Vicinity Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P.O. Box 530 Street 500 Elm Grove Road City Elm Grove State Wisconsin ZIP Code + 4 53122	11.a. Nature of such dealing. The Fund receives financial and investment services 11.b. Approximate dollar value of such dealing. \$181,000.00 12.a. Nature of interest held or income received. 7/18 & 19/04 Investment Conference 12.b. Amount. \$811.00
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Building Trades United Pension Trust Fund (Milwaukee & Vicinity) Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any P.O. Box 510308 Street 500 Elm Grove Road City Elm Grove State Wisconsin ZIP Code + 4 53122	14.a. Nature of payment. 9/19-22/04: Educational Conference \$3,281.90 Investment & Board Trustee Meeting Meals: 01/19/04: \$31.22 9/13/04: \$34.72 03/15/04: \$30.28 10/18/04: \$39.20 4/19/04: \$30.37 11/15/04: \$51.47 06/21/04: \$37.75 12/07/04: \$38.00 09/01/04: \$32.41 14.b. Amount of payment. \$3,607.32
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing John T. Jorgensen	File Number U-
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8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Kenosha Building & Construction Trades Welfare Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any XXXXXX</p> <p>Street 3030 - 39th Avenue</p> <p>City Kenosha</p> <p>State Wisconsin ZIP Code + 4 53144</p>	<p>14.a. Nature of payment.</p> <p>08/31/04: Travel Expenses: \$50.00</p> <p>12/10/04: Dinner Meeting: \$169.76</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$219.76</p>

Name of Person Filing John T. Jorgensen

File Number U-

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Fiduciary Management Assoc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 55 W. Monroe St., Suite 2550

City Chicago

State IL

ZIP Code + 4 60603

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Building Trades United Pension Trust
Trade Name, if any Milwaukee & Vicinity

P.O. Box, Bldg., Room No., if any P.O. Box 530

Street 500 Elm Grove Rd.

City Elm Grove

State WI

ZIP Code + 4 53122

11.a. Nature of such dealing.

Fund receives financial and investment services

11.b. Approximate dollar value of such dealing.

352,000

12.a. Nature of interest held or income received.

Pension conference dinner
09/21/04

12.b. Amount.

\$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

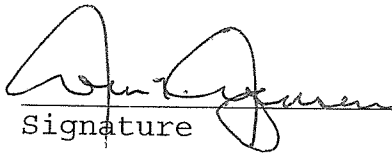
14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

?

The transactions, dealings and interests that are reported in the attached Form LM-30 represent by good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.


Signature

Aug 12, 2005
Date